

Check One:
____ New Form
____ Amended Form

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CASE MANAGEMENT/ELECTRONIC CASE FILING
REGISTRATION FORM**

This form is used to register for an account on the United States Bankruptcy Court's Electronic Filing System.

Please complete the following required information to register for CM/ECF. (Type or Print)

Last Name: _____ First Name: _____ Middle Initial: _____ Generation: _____

Company/Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

SC District Court ID Number: _____

(Reference SC LBR 9010-1 and District Court Local Rule 83.IX.01 – 83.IX.03)

PRIMARY E-Mail Address for receipt of notice of electronic filing: _____

ADDITIONAL E-Mail Address to also receive notices: _____

(To set account preferences, utilize "Maintain User Account" located under the Utilities option on the CM/ECF Main Menu Bar.)

Number of logins requested: _____ Type of Electronic Filer: _____ Attorney _____ Limited Creditor _____ Trustee/UST _____

Training is required. Check one or more of the following:

____ I have attended a training session provided by the U.S. Bankruptcy Court on _____.

____ I have completed the online tutorial on _____.

____ I received court approved training* by another District/Court on _____ by _____

(Specify Court and District)

***By submitting this registration form and indicating that I have satisfied the training requirement by having received training in another District/Court, I certify that I am fully capable of filing electronically in this Court and have reviewed, in addition to the documents set forth below, a list of the Court's applicable docket events (See Event List ¹). I bear the risk of any filing errors that may occur as a result of my electing not to complete a training session with this Court and accept any consequences that may arise therefrom, including the inability to file a particular document, the possible striking of a document, or other adverse relief.**

By submitting this registration form, the undersigned agrees to abide by all Court rules, orders, and policies and procedures governing the use of the electronic filing system. The combination of the Filing User's login, password, and /s/ [Typed Name] or digital signature serves as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that an unauthorized user has compromised their password. The undersigned certifies that the following has been reviewed in order to electronically file: 1) Operating Order • Guidelines for the Filing of Documents, 2) Participant's Guide, and 3) Chambers Guidelines and Information, which may be found on the Court's web page at www.scb.uscourts.gov.

Any change in address, telephone number, fax number, or e-mail address will require the immediate submission of a new registration form. (Reference SC LBR 9010-1)

Choose One

Mail this form to:
U.S. Bankruptcy Court
ATTN: Systems ECF Registration
1100 Laurel Street, Columbia SC
29201-2423

Fax this form to:
ATTN: Systems ECF Registration
(803) 253-3368

E-mail this form to:
ecf_registration@scb.uscourts.gov

(Signature/Date) *a written signature (**not** a typed name) must appear on this form

Once your registration is complete, you will receive notification by e-mail as to your login and password needed to access the system.

Court Use Only:

Login Assigned: _____ Prid: _____

Password Assigned: _____

Issued by: _____ Date: _____

Disengaged by: _____ Date: _____

¹Event List is located at www.scb.uscourts.gov/cmecf/cmecf.htm